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DECLARATION	Attorney Do	cket Number	NEU-5007					
AND POWER OF ATTORNEY	First Named	d Inventor	Marrs					
FOR UTILITY OR DESIGN		COMPLE	TE IF KNOWN					
PATENT APPLICATION (37 CFR 1.63)	Application	Application Number						
Declaration Submitted with Declaration Submitted Initial Filing OR Initial Filing (Surcharg	e Filing Date							
(37 CFR 1.16(e)) requi	red) Group Art U	Init						
	Examiner N	ame	<u> </u>					
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
STABILIZED COMPOSITIONS CONTAINING AN OXYGEN-LABILE ACTIVE AGENT AND A PLANT EXTRACT (Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
	reign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Copy Attached? YES NO					
Additional foreign application numbers are listed on a			TO(CR)002D attacks of house					

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C	2. 119(e) of any United States provisional a	pplication(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)						
		Additional provisional application					
		numbers are listed on a					
		supplemental priority data sheet					
		PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35 11	nited States Code, §120 of any United State	s application(s) listed below and insofar					
	of this application is not disclosed in the prio						
	United States Code, §112, I acknowledge the						
	ations, §1.56(a) which occurred between the						
		ming date of the prior application and the					
national or PCT international filing date of t  Application Serial No.	Filing Date	Status					
Application Senai No.	Filling Date	Otatus					
		Patented					
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		1 denied					
I hereby appoint:	<u> </u>						
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Describion and at Constant of Northern	000007777						
	000027777 →	Number Bar Code					
		Label Here					
AND							
Practitioner(s) named below:	Burth the Market						
<u>Name</u>	Registration Number						
		to the manager all business in the United					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United							
States Patent and Trademark Office connected therewith.							
Address all telephone calls to William E. McGow	ran, at telephone number (732) 524-2197						
Address an telephone sails to William E. Mosen	ar at tophone names (192) 92 1 2 191 .						
	<del></del>						
	mer Number						
Direct all correspondence to:	Code Label <b>000027777</b> OR	Correspondence address below					
Name:							
Address:							
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City:	State:	ZIP					
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Country	Telephone:	Fax:					

I hereby declare that all statements mainformation and belief are believed to that willful false statements and the lik U.S.C. 1001 and that such willful false insued thereon	be true; and further se so made are pun	that these ishable by	stat fine	tements were r or imprisonme	made with the knowledge ent, or both, under 18	
issued thereon.  NAME OF SOLE OR FIRST INVENTOR:						
Given Name (first and middle [if any]) Christopher	Family Nam			ame		
Inventor's Signature				Date		
Residence: City Foothill Ranch	State CA	Co	ounti	ry USA	<b>Citizenship</b> USA	
Mailing Address 2 Parterre Avenue						
City Foothill Ranch	State CA	ZII	<b>ZIP</b> 92610		Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SECOND INVENTOR:	AME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])	Family Name or Surname					
Inventor's Signature				Date		
Residence: City	State	Co	ounti	ry	Citizenship	
Mailing Address						
City	State	ZII	P		Country	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF THIRD INVENTOR:	A pe	tition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature				Date		
Residence: City	State	Co	ount	ry	Citizenship	
Mailing Address						
City	State	ZIP			Country	